

# State Substance Abuse Treatment Efforts

Follow-up Report  
July 2007

Office of Performance Evaluations  
Idaho Legislature



Report 07-04F

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Donna Boe  
Clifford R. Bayer

Rakesh Mohan, Director  
Office of Performance Evaluations

### **Acknowledgments**

We appreciate the cooperation and assistance we received from the Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, the Judiciary, and the Office of Drug Policy. Carrie Parrish and Ned Parrish of the Office of Performance Evaluations conducted this follow-up review. We contracted with Dr. Kathleen Sullivan to perform quality assurance for this project.

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# State Substance Abuse Treatment Efforts

## *Follow-up Report*

*In December 2005, we issued a report on substance abuse treatment efforts in Idaho. In that report, we listed recommendations to improve the state's substance abuse treatment efforts. Over the past year and a half, significant strides have been made to implement our recommendations.*

### **Background**

The Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, and the State Judiciary oversee substance abuse treatment services in Idaho. In March 2005, the Joint Legislative Oversight Committee directed us to review the individual and collective efforts of these entities to address the following:

- State costs for substance abuse treatment services
- Agency and Judiciary efforts to provide substance abuse treatment
- Implementation of the Access to Recovery (ATR) grant program

In our 2005 evaluation, we found the state's substance abuse treatment efforts were fragmented. No comprehensive plan was in place to guide service delivery, and available information could not answer the following key questions about the state's treatment programs:

1. What are the statewide needs for services to address substance abuse?
2. What is the state's capacity to meet those needs?
3. What types of services are being provided, to which groups of people, and to how many people?
4. Which programs are working and which are not?
5. Are state efforts making a difference?

## Current Status

Following our evaluation, the agencies, the State Judiciary, the Office of the Governor, and the Legislature have devoted substantial time and effort to improving the state's substance abuse treatment system. The Office of Drug Policy, the Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, and the State Judiciary have provided us with progress reports on their efforts (see appendix A). Our assessment of the agencies' and the Judiciary's implementation efforts are in the following four sections.

### ***Interagency Coordination***

*Recommendation 3.1.a: The Legislature should consider establishing an independent commission, jointly appointed by the Legislature and the Governor, to include directors of state agencies involved with efforts to address substance abuse—Health and Welfare, Correction, Juvenile Corrections, Law Enforcement, and Education—as well as representation from the Judiciary. The commission should also include members of the Legislature, professional community, relevant local government associations, and the public.*

In our 2005 evaluation, we found the agencies and the Judiciary were struggling to create a coordinated and comprehensive approach to the prevention and treatment of substance abuse. Since that evaluation, a number of significant actions have been taken to improve coordination among these entities (see exhibit 1). In 2006, the Office of the Governor released an executive order to establish the position of drug czar. The Legislature created the Interagency Committee on Substance Abuse Treatment in 2006, a major component of current substance abuse efforts. Additionally, the Legislature established the Office of Drug Policy and appointed its director to chair the Interagency Committee, adding a level of support and guidance that the agencies and the Judiciary have praised. The Office of Drug Policy and the Interagency Committee are charged with coordinating and directing all state entities for substance abuse treatment. The Interagency Committee is currently assessing statewide needs, developing a statewide plan, and coordinating the efforts of all entities involved.

The Interagency Committee regularly brings together key stakeholders, achieving significant progress in addressing substance abuse issues:

- Adoption of the Global Appraisal of Individual Needs (GAIN) for use as a statewide common assessment tool
- Development of a statewide budget report, updated monthly to reflect expenditure, capacity, and outcome data for each agency and the Judiciary

**Exhibit 1: Key Substance Abuse Policy Actions, 2006 and 2007**

| <u>Year</u> | <u>Action</u>                                 | <u>Purpose</u>   |
|-------------|---|--|
| 2006        | House Bill 833 <sup>a</sup>                   | Creates the Interagency Committee on Substance Abuse Prevention and Treatment; defines the relationship between regional substance abuse advisory committees and the Interagency Committee   |
| 2006        | House Concurrent Resolution 63 <sup>a</sup>   | Establishes a legislative interim committee to study the current mental health and substance abuse treatment delivery systems  |
| 2006        | Executive Order 2006-18                       | Orders the restructuring of the Department of Health and Welfare to create a separate Behavioral Health Division to address substance abuse treatment and mental health services   |
| 2006        | Executive Order 2006-23                       | Establishes the position of drug czar within the Office of the Governor  |
| 2007        | Senate Concurrent Resolution 108 <sup>a</sup> | Authorizes independent review of Idaho's current mental health and substance abuse treatment delivery system   |
| 2007        | Senate Concurrent Resolution 109 <sup>a</sup> | Calls for the development and adoption of a statewide standardized assessment tool for substance abuse and a tool for mental health  |
| 2007        | House Bill 106 <sup>a</sup>                   | Establishes the Office of Drug Policy and designates the administrator to be chairperson of the Interagency Committee on Substance Abuse Prevention and Treatment; renames the position of drug czar to the administrator of the Office of Drug Policy |
| 2007        | Proclamation                                  | Designates the month of March as "March Against Meth"  |

<sup>a</sup> Action passed.

Source: Office of Performance Evaluations' analysis of Idaho Code, Senate and House concurrent resolutions, executive orders, and proclamations.

- Revision of the Department of Health and Welfare management services contract
- Use of best practices to identify how individuals are entering the substance abuse treatment system and how their needs should be addressed (these best practices will be incorporated in the management services contract)

**Status:** Given the actions taken by the Legislature and the Office of the Governor, as well as substantial commitment to the process by members of the Interagency Committee, this recommendation has been **implemented**.

*Recommendation 3.1.b: The Legislature should consider addressing those parts of existing statute requiring a commission on alcohol and drug abuse to be consistent with step A of this recommendation.*

In 1975, Idaho Code § 39-303 established a Commission on Alcohol-Drug Abuse. The commission was disbanded in 1995 as a part of an overall effort to reduce state costs; however, statutes were never updated to reflect this change. Upon establishment of the Interagency Committee, outdated language referring to the Commission on Alcohol-Drug Abuse was removed.

**Status:** This recommendation has been **implemented**.

## ***Health and Welfare Program Management***

### **Oversight**

*Recommendation 4.1.a: The Department of Health and Welfare should monitor its management services contract by periodically reviewing the contractor's performance against the measures identified in the contract.*

Our 2005 evaluation found that Health and Welfare was doing little to monitor and evaluate the management services contractor.<sup>1</sup> In July 2006, the department began conducting quarterly audits to assess the contractor's compliance with performance requirements outlined in the management services contract. Department staff stated that performance requirements for the contractor are based on specifications of the federal block and Access to Recovery (ATR) grants.<sup>2</sup> Violations of these performance requirements have resulted in monetary penalties to the contractor.

**Status:** This recommendation has been **implemented**.

*Recommendation 4.1.b: The Department of Health and Welfare should conduct independent audits of a sample of treatment providers at appropriate intervals.*

Our 2005 evaluation found that Health and Welfare had not conducted independent audits of treatment providers. Since that time, department staff has begun conducting some provider audits. Department officials state that their goal is to audit providers each time the provider's contract is renewed (contracts are renewed every two years). The department's response letter indicates that 28 facilities were audited in fiscal year 2006. The department later told us that it intended to audit 27 facilities in fiscal year 2007.<sup>3</sup> However, the department could only provide documentation for 20 of the fiscal year 2006 audits and 26 of the fiscal year 2007 audits.

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<sup>1</sup> The management services contractor oversees program administration of the department's substance abuse grants.

<sup>2</sup> The block grant is officially known as the Federal Substance Abuse Prevention and Treatment Block Grant.

<sup>3</sup> Health and Welfare contracts with approximately 122 provider facilities.

**Status:** This recommendation is **in process** because the department has performed a limited number of audits, and it has not reached its goal of auditing all providers each time contracts are renewed.

*Recommendation 4.1.c: The Department of Health and Welfare should notify the management services contractor of current provider approvals and expirations on a monthly basis, and verify the use of approved providers during its independent auditing of the contractor.*

Currently, Health and Welfare sends the management services contractor a letter with provider approvals and expirations at the same time the provider is notified. The department reviews the contractor's files to verify that only approved providers are used. Quarterly audits conducted by the department since our 2005 evaluation show that the contractor has not contracted with any unauthorized providers.

**Status:** This recommendation has been **implemented**.

#### Fiscal Management

*Recommendation 4.2.a: The Department of Health and Welfare should strengthen its fiscal management of the program by ensuring that program staff have the necessary fiscal training and information to adequately monitor and understand the program's financial situation.*

Department staff told us that the program manager works closely with the program budget analyst to ensure that staff have appropriate training and information to adequately monitor fiscal administration of the program. The department has not provided staff training to date, but told us that the federal block grant administrator will be providing staff with financial training in fall 2007.

**Status:** This recommendation is **in process**.

*Recommendation 4.2.b: The Department of Health and Welfare should require contract language in the management services contract that limits the length of time providers have to submit billings to the contractor.*

Our 2005 evaluation showed that Health and Welfare's substance abuse treatment programs were experiencing a shortage of funds. This shortage was due in part to inaccurate projections of expenditures caused by the extended length of time providers had to submit invoices. The department and the management services contractor have modified provider contracts to require that providers submit service invoices within 30 days. If providers do not submit an invoice within the appropriate time period, they do not receive payment for

services.<sup>4</sup> The contractor states that this change in policy was implemented in July 2006 and has resulted in rare or infrequent late invoices from providers.

**Status:** This recommendation has been **implemented**.

### Grant Management

*Recommendation 4.3: The Department of Health and Welfare should work with the Substance Abuse and Mental Health Services Administration of the US Department of Health and Human Services to ensure substance abuse services are provided in a manner consistent with the grant requirements and intent.*

A lack of monitoring and an inaccurate projection of program expenditures within Health and Welfare contributed to a shortage of funds during fiscal year 2005. Federal grant program administrators conducted reviews and had concerns about whether ATR funds were used to replace other funding sources or to supplement existing funding in order to expand services. The ATR administrator requested documentation of the actions in question, which the department supplied.

**Status:** This recommendation has been **implemented**.

### Current Issues

While the department has made some progress in addressing our recommendations in fiscal and grant management, the department needs to do more to balance service needs and available resources. In March 2007, the department and the management services contractor implemented a census management plan to limit the number of individuals served and to reduce spending. Limiting the number of clients served contributed to growth in the waiting list for treatment services. On June 20, 2007, the contractor reported to the Interagency Committee that there were 1,310 adults awaiting services. In addition, there were 209 adolescents who were waiting for treatment. Staff in Budget and Policy Analysis recently informed us that the department exhausted its grant funds several weeks before the end of fiscal year 2007. The department is now seeking additional funding to address this shortfall. The department indicated it is in the process of revising its management services contract to require the contractor to follow a prescribed budget and submit weekly census management tracking reports.

### Substance Abuse Treatment Data

#### Data Collection & Systems

*Recommendation 5.1: The Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, and the State Judiciary*

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<sup>4</sup> An appeals process is available for invoices submitted after 30 days.



*should work individually and collectively with relevant entities to ensure the collection and analysis of information about their programs.*

Agencies, the Judiciary, and the Interagency Committee are working to modify or update their respective data systems to improve data collection and reporting capabilities. Data system changes include the following:

- Health and Welfare is implementing the Web Infrastructure for Treatment Services (WITS) system and expects initial implementation by the end of fiscal year 2008. The WITS system will provide real-time data access for better monitoring of providers and clients.
- Correction is working to implement the Correctional Integrated System (CIS). This system will combine three different data systems into one over the next 12–18 months.
- Juvenile Corrections is modifying the Idaho Juvenile Offender System (IJOS) to include additional information on substance abuse treatment completion, recidivism, and drug testing.
- The Judiciary is implementing changes to the drug court data collection module within the Idaho Statewide Trial Court Automated Record System (ISTARS). These changes are intended to streamline the operations for drugs courts and ensure collection of data needed for program evaluation.
- The Interagency Committee is working to select a system to house data collected from the Global Appraisal of Individual Needs (GAIN) statewide common assessment tool. Members of the committee are working to identify the type of system to be used, where the system will be housed, how data will be entered, who will have access to the data, and how data from individual agencies and the Judiciary can be shared using the new system.

The Interagency Committee is involved in efforts to supply the data necessary to define substance abuse treatment needs in the state. The agencies and the Judiciary are expected to submit monthly data (expenditures, client counts, and drug testing statistics) to the Interagency Committee. The committee is also working to create common definitions and consistency in data tracking and reporting for key fields such as recidivism, relapse, and program completion.

**Status:** This recommendation is **in process**.

#### Health and Welfare Data

Recommendation 5.2.a: *The Department of Health and Welfare should work with the management services contractor to accurately transfer data from the*

*contractor to Health and Welfare's independent data system, and use the information to verify contractor performance.*

Health and Welfare now generates error reports based on bi-monthly data transfers from the contractor's system to the department's system. Department staff state that the transfer of data and these error reports are discussed at bi-monthly meetings between the department and the contractor. Following our 2005 evaluation, performance requirements added to the management services contract specify that 97 percent of data must be transferred accurately. Methods used to calculate the percentage of data transferred correctly are not clear. The department and the contractor are not consistently meeting these data reporting standards. The department expects that data transfer errors will be resolved with the anticipated implementation of the WITS data system. Additionally, any future contracts will mandate that the contractor use a compatible data system.

**Status:** This recommendation is **in process**.

*Recommendation 5.2.b: The Department of Health and Welfare should negotiate a change to the management services contract that would require the contractor to routinely (every 30–60 days) require providers to indicate which clients are actively participating in treatment and which have completed or discontinued treatment.*

A client retention plan (see recommendation 6.2) developed by Health and Welfare and the contractor states that providers are given a monthly list of clients for whom no invoices have been approved in the past 60 days. Providers are encouraged to discharge the clients or explain steps that should be taken. The client retention plan will be incorporated into the new management services contract to be implemented in July 2007.

**Status:** This recommendation is **in process** pending completion of the new management services contract.

*Recommendation 5.2.c: The Department of Health and Welfare should complete the process of requesting capacity information from providers in the state network, and comply with the federal regulation to track facilities as and when it reaches 90 percent capacity.*

Our 2005 evaluation found that estimates of substance abuse capacity were based more on available funding than the number of open beds or unfilled provider counseling hours. The last survey of provider capacity was conducted prior to our evaluation. The management services contractor is currently conducting a full system capacity analysis for all levels of care. This analysis of the physical capacity of both residential and outpatient facilities will be available in late July 2007.

**Status:** This recommendation is **in process** pending the completion of the current system capacity analysis.

### **Quality of Substance Abuse Treatment**

#### **Treatment Providers**

*Recommendation 6.1.a: The Department of Health and Welfare should develop criteria for the approval process of providers offering treatment to adults. The criteria should include a more detailed description of levels of compliance that constitute approval, provisional approval, and failure to be approved.*

Our 2005 evaluation found that Idaho's provider approval process did not have criteria outlining full provider approval, provisional approval, or denied approval. The department is currently drafting a scope of service proposal for an anticipated July 2007 contract with the University of Nevada Center for Application of Substance Abuse Technologies. Health and Welfare's anticipated contract with the Nevada Center includes the development of a service certification process. Department staff state that this certification process will evaluate the provider approval process.

**Status:** This recommendation is **in process**.

*Recommendation 6.1.b: The Department of Health and Welfare should make recommendations to germane legislative committees on rule or statutory changes to strengthen treatment provider credentialing requirements for the statewide system in coordination with the proposed substance abuse commission.*

Health and Welfare's anticipated contract with the University of Nevada Center for Application of Substance Abuse Technologies calls for a review of Idaho's substance abuse related statutes (including provider licensing) and to recommend needed changes. The Nevada Center should complete its work by the 2008 legislative session and participate in the regulatory change process.

**Status:** This recommendation is **in process**.

#### **Client Retention**

*Recommendation 6.2: Using Government Performance and Results Act interviews and other information, the Department of Health and Welfare should develop a plan to increase client retention in treatment.*

Health and Welfare and the management services contractor implemented a plan in 2006 to improve client retention and treatment completion. According to the plan, the contractor makes available to providers the following:

1. A monthly report documenting those clients for whom no claims have been approved in the past 60 days (see recommendation 5.2.b)
2. An enhanced discharge summary form that leaves space for the providers to indicate more specific reasons for the discharge of clients
3. Incentives and penalties that encourage timely participation in the client retention plan

**Status:** This recommendation has been **implemented**.

### Documenting Program Efforts

*Recommendation 6.3: The Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, and the Judiciary should continue or begin to take measurable steps to gather, verify, and publish relevant information on the effectiveness of substance abuse programs.*

Members of the Interagency Committee are working to compile statewide substance abuse treatment data (see recommendation 5.1). This data will be used by committee members, the Governor, and the Legislature to make decisions about future substance abuse treatment efforts.

Independent of the committee, the agencies and the Judiciary are taking steps to document the effectiveness of their programs:

- *State of Idaho Epidemiological Profile of Substance Use*, 2006. The Department of Health and Welfare published a report profiling substance abuse in Idaho according to various population demographics and the substances used.
- *Evaluating Idaho Juvenile Drug Courts: A Statewide Process Evaluation*, April 2006. The State Judiciary conducted a survey of juvenile drug court coordinators to determine if drug courts were adhering to established guidelines.
- *Program Best Practices Supporting Research*, January 2006. The Operations Program Division of the Department of Correction wrote this report to describe substance abuse programs it has implemented based on best practices.
- *Felony Drug Court Outcome Evaluation*, expected release in summer 2007. The State Judiciary is conducting a study on felony drug court outcomes in Idaho.

**Status:** This recommendation is **in process** pending agency development and use of data generated by new data systems and the Interagency Committee.

*Appendix A*

# **Updates of Implementation Efforts**



**C.L. "Butch" Otter**  
*Governor*  
**Debbie Field**  
*Director*



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Boise, Idaho 83720  
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**State of Idaho**  
**Office of Drug Policy**  
Executive Office of the Governor

May 30, 2007

RECEIVED

MAY 30 2007

PERFORMANCE EVALUATIONS

Director Rakesh Mohan  
Office of Performance Evaluation  
700 W. State St., Basement Ste. 10  
Boise, ID 83702

Dear Director Mohan:

Thank you for the opportunity to respond to the follow-up Report Release: State Substance Abuse Treatment Efforts. As a former member of the Joint Legislative Oversight Committee who voted in favor of this evaluation, I have found myself saying, "Be careful what you wish for."

Multiple state agencies address substance abuse and mental health; Health and Welfare, Correction, Juvenile Corrections, courts, State Police, Transportation and Education. Each agency has a specific need and requirement for a quality standardized assessment tool. Although there has not been a coordinated system in the past, Idaho is moving rapidly toward a system that will be a model in the nation according to the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), and Office of National Drug Control Policy (ONDCP).

A representative from each agency participated in a month-long process to find an assessment instrument that could

- Assess both substance abuse and mental health
- Assess both adults and adolescents
- Include Spanish assessment and evaluation

The Global Appraisal of Individual Needs (GAIN) was chosen as the statewide assessment on February 28, 2007. This choice will allow common language to be used throughout the state from agencies to providers. The same interagency group has met on a weekly basis to analyze the state's needs in order to launch and implement this tool by the end of the year. On June 18-22, more than 30 individuals will learn to be trainers with the agencies and providers to help train others within their individual areas in the agency. This has been a large-scale joint effort and will be a continuing process with the state of Idaho.

The full Interagency Committee on Substance Abuse Treatment has held meetings on lessons learned during the past three years of the Access to Recovery Grant from both the Department of Health and Welfare and its contracting agency, Business Psychology Associates (BPA). Through this process we have extended our current contract for a year with a few minor changes. That extra time will allow us to take a look at how the statewide delivery system should be managed.

In addition, the Interagency Committee has established several subcommittees to analyze state treatment programs to ensure they are following best-practice and evidence-based models. This will allow the state to monitor and establish quality assurance protocols.

Once again, thank you for this opportunity. The Interagency Committee has a heavy workload. We look forward to an improved system for the state with a strong emphasis on sound, quality treatment that helps those who need the service while making the best use of taxpayer dollars.

Kind regards,

A handwritten signature in cursive script, appearing to read "Debbie Field".

Debbie Field, Director  
Idaho Office of Drug Policy





IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER - GOVERNOR  
RICHARD M. ARMSTRONG - DIRECTOR

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APR 13 2007

PERFORMANCE EVALUATIONS

April 9, 2007

Rakesh Mohan, Director  
Office of Performance Evaluations  
P.O. Box 83720  
Boise, ID 83720-0055

Dear Mr. Mohan:

As requested, enclosed is an update on the substance abuse treatment program and related documents. I am pleased to report the recommendations made by the committee have all been met.

Please feel free to contact our office at 334-5500 if you have further questions.

Sincerely,



RICHARD M. ARMSTRONG  
Director

RMA/djw

enc

cc: Debbie Field  
Sara Nye  
Amy Castro

# **Office of Performance Evaluations Report 05-04**

## **State Substance Abuse Treatment Efforts**

### **March 2007 Implementation Status**

#### **RECOMMENDATION**

3.1 To coordinate and guide activities of state entities addressing substance abuse, the Legislature should consider:

- a. Establishing an independent commission, jointly appointed by the Legislature and the Governor, to include directors of state agencies involved with efforts to address substance abuse – Health and Welfare, Correction, Juvenile Corrections, Law Enforcement, and Education – as well as representation from the Judiciary. The Commission should also include members of the Legislature, professional community, relevant local government associations, and the public.
- b. Addressing those parts of existing statute requiring a commission on alcohol and drug abuse to be consistent with step A of this recommendation.

#### **AGENCY UPDATE**

This recommendation was partially addressed in the 2006 legislative session through House Bill 833. This legislation created the Interagency Committee on Substance Abuse Prevention and Treatment, and is in current statute under Idaho Code §39-303. Although recommended in the evaluation report, the Committee does not include members of the professional community, relevant local government associations, nor the public.

#### **RECOMMENDATION**

4.1 To ensure the management services contractor is meeting performance requirements, and that adequate services are administered by approved treatment providers, the Department of Health and Welfare should:

- a. Monitor its management services contract by periodically reviewing the contractor's performance against the measures identified in the contract.
- b. Conduct independent audits of a sample of treatment providers at appropriate intervals.
- c. Notify the management services contractor of current provider approvals and expirations on a monthly basis, and verify the use of approved providers during its independent auditing of the contractor.

#### **AGENCY UPDATE**

Attached as Exhibit A is the management services contractor audit matrix that identifies areas to be audited and dates the audits were completed. In Fiscal Year 2006 the program conducted independent audits as part of program approval renewal on 28 providers. During the 8 months of

Fiscal Year 2007 we have completed 27 independent audits on treatment providers. A current provider list is generated monthly and checked by program staff to assure only approved providers are being utilized. (Attached as Exhibit B is the most recent list of approved providers.) Additionally, the program specialist who handles treatment provider approvals notifies the contractor immediately when a new provider has been approved or when a provider has dropped from the list of approved providers. (Attached as exhibits C and D are copies of an email sent to notify the management services contractor that a provider has been approved and an email notifying the contractor that a provider has been dropped.)

#### **RECOMMENDATION**

4.2 The Department of Health and Welfare should strengthen its fiscal management of the program by:

- a. Ensuring that the program staff have the necessary fiscal training and information to adequately monitor and understand the program's financial situation.
- b. Requiring contract language in the management services contract that limits length of time providers have to submit billings to the contractor.

#### **AGENCY UPDATE**

The program manager, Bethany Gadzinski, works closely with the program budget analyst to ensure staff who work with fiscal issues have the appropriate training and information to adequately monitor and understand the program's financial situation. The current program manager has managed multi-million-dollar federally funded grants in the past and previously worked in the financial industry for over 5 years. In Fiscal Year 2006 the management services contractor performance requirements mandated that contract language in the management services contract with providers limit length of time providers have to submit billings to the contractor. The performance requirement reads:

All claims are processed and applicable payment is issued within 30 days of receipt of the claim by the provider. It is understood that providers have up to 30 days to submit a claim from the date the service was provided.

Reference: Scope of Work (e. Fiscal Management 5 and 6)

Standard: The contractor shall process all proper claims submitted by substance abuse clinical treatment providers within 30 days of receiving a complete and proper claim 100% of the time.

Tolerance of deviation from standard: 4%

Monitoring Method: Semi-annual claims payment audit

Payment Deductions: A penalty of \$100 will be assessed for each percentage point below the standard, and a corrective action plan will be required to address the problems.

To comply with the performance requirement, the contractor has added a clause to their contract with each provider that reads:

Provider shall bill BPA for all Covered Services rendered that were authorized by BPA in accordance with the Billing Policy and Procedure Manual. All billings must be submitted to BPA within 30 days of the dates of treatment.

#### **RECOMMENDATION**

4.3 The Department of Health and Welfare should work with the Substance Abuse and Mental Health Services Administration of the US Department of Health and Human Services to ensure substance abuse services are provided in a manner consistent with grant requirements and intent.

#### **AGENCY UPDATE**

January 23 – 27, 2006, the Substance Abuse and Mental Health Services Administration of the US Department of Health and Human Services conducted a Performance Partnership Grant Core Technical Review on the State of Idaho. This review, which looked at the entire substance abuse program within the Department of Health and Welfare, found that Idaho is providing services in a manner consistent with the Federal Block Grant requirements and intent. In addition, the Center for Substance Abuse Treatment conducted a review of how Idaho was implementing its Access To Recovery Grant during Fiscal Year 2006. Again, there were no significant findings of grant non-compliance.

#### **RECOMMENDATION**

5.1 To have necessary data for managing substance abuse programs, the Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, and the Judicial Branch should work individually and collectively with relevant entities, to ensure the collection and analysis of the following information about their programs:

- a. Individuals served in each type of program and waiting for services.
- b. Individuals not served, or not provided the appropriate type of treatment.
- c. Completion, dropout, and relapse rates, overall and by provider.
- d. Average length of stay in each type of program, overall and by provider.

#### **AGENCY UPDATE**

Attached as exhibits E, F, G, and H are examples of reports that address the above information for the Department of Health and Welfare. Aggregate numbers are not collected on individuals waiting for services. The Health and Welfare Substance Abuse Program receives waiting lists every Friday. As you can imagine, this is a very fluid report that changes daily. Attached as part of Exhibit E is copy, minus identifying information, of the weekly wait list report. For the reports attached as exhibits G and H (which correlate to items c. and d. above) the reports are structured slightly different. Exhibit G shows the completion, dropout, and average length of stay in each program, overall and by provider, and Exhibit H shows relapse rates overall. We have just recently begun collecting relapse rates by type of program and by provider. This report will be available by the end of Fiscal Year 2007.

## RECOMMENDATION

5.2 To ensure that client data is complete and accurate, including capacity information, the Department of Health and Welfare should work with the management services contractor to:

- a. Accurately transfer data from the contractor to Health and Welfare's independent data system, and use the information to verify contractor performance.
- b. Negotiate a change to the management services contract that would require the contractor to routinely (every 30-60 days) require providers to indicate which clients are actively participating in treatment and which have completed or discontinued treatment.
- c. Complete the process of requesting capacity information from providers in the state network, and comply with the federal regulation to track facilities as and when they reach 90 percent capacity.

## AGENCY UPDATE

Accuracy of data transmission is discussed at the bi-monthly management services contractor/Health and Welfare meetings. In addition the following performance requirements are part of the contract with management services contractors:

Collects all data elements, on all clients, of the federal TEDS, by use of the "Screening Form" and the "Discharge Summary Form" and transmits the data, through the Substance Abuse Program Interface, to DHW substance abuse client information system (CIS).

Reference: Scope of Work (g. Information Management 5.)

Standard: 100% of the data transmitted from the Contractor to DHW through the Substance Abuse Program Interface is complete and correct. If data errors-out and is sent back to the Contractor, the Contractor has 2 weeks to re-send the cleaned data back to DHW.

Tolerance for deviation from standard: 3%

Monitoring method: TEDS data is cross checked with claims/billing data within the DHW Data Warehouse.

Payment Deduction: Claim/billing amount will not be paid for any client with no or missing TEDS Intake Data..

Track and compile indicator/GPRA data for reports

Reference: Scope of Work (g. Information Management 5-9 & Appendix D)

Standard: 100% of the data, for each client and each type of GPRA interview, will be provided to DHW in quarterly Management Reports.

Tolerance for Deviation from Standard: 0% for Intake GPRA. 5% for Status GPRA and 5% for Discharge GPRA

Monitoring Method: Quarterly Management Report and bi-yearly auditing of a random sample of client files.

Payment Deduction: \$100 will be assessed for each percentage point for any quarter over the tolerance level.

The management services contractor has complied with each performance requirement as of the last audit.

Because the management services contractor is complying with the above performance requirements, they have found it is only necessary to send quarterly reports to providers to indicate which clients are actively participating in treatment and which have completed or discontinued treatment.

Regarding capacity and notification of when a provider has reach 90 percent capacity, there is no capacity issue with outpatient services. The management services contractor sends capacity reports quarterly to Health and Welfare on residential programs. No program has yet reached 90 percent capacity. Attached as Exhibit I is the most recent Residential Capacity Report. Please note this report is a snapshot of the day it was run. Capacity fluctuates widely depending on the day, the current available funding, and whether a given provider will accept a state-funded client on the day we request the placement.

#### **RECOMMENDATION**

6.1 To ensure approved and qualified treatment providers are delivering services, the Department of Health and Welfare should:

- a. Develop criteria for the approval process of providers offering treatment to adults to include a more detailed description of levels of compliance that constitute approval, provision approval, and failure to be approved.
- b. Make recommendations to germane legislative committees on rule or statutory changes to strengthen treatment provider credentialing requirements for the statewide system in coordination with the proposed substance abuse commission.

#### **AGENCY UPDATE**

Criteria for program approval is identified in IDAPA regulations. Attached as Exhibit J is the letter sent with the program application to an entity interested in program approval. The substance abuse program, through a supplemental budget request, will be contracting with the University of Nevada Center for the Application of Substance Abuse Technologies to review all rules, regulations, and laws affecting the substance abuse program and make recommendations for changes. It is anticipated the program will be working with the 2008 germane legislative committees on any recommended changes.

#### **RECOMMENDATION**

6.2 Using Government Performance and Results Act interviews and other information, the Department of Health and Welfare should develop a plan to increase client retention in treatment.

#### **AGENCY UPDATE**

Attached as Exhibit K is the Client Retention Plan.

#### **RECOMMENDATION**

6.3 The Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, and the Judicial Branch should continue or begin to take measurable steps

to gather, verify, and publish relevant information on the effectiveness of the substance abuse programs.

**AGENCY UPDATE**

Attached as Exhibit L is the outcomes reports that the Department of Health and Welfare prepares each quarter and distributes to identified stakeholders.





# IDAHO DEPARTMENT OF CORRECTION

**C.L. "BUTCH" OTTER**  
GOVERNOR

**BRENT D. REINKE**  
DIRECTOR

RECEIVED

APR 12 2007

PERFORMANCE EVALUATIONS

Date: April 6, 2007  
To: Rakesh Mohan, Director, Office of Performance Evaluations  
From: Shane L. Evans, Deputy Chief of Education and Treatment  
Re: Information request for update of substance abuse treatment efforts

Director Mohan,

This is a response to your request to provide an update of our substance abuse treatment efforts. This response provides information regarding the Joint legislative Oversight Committee's recommendations. The topic response areas are:

- An independent commission to direct statewide substance abuse services
- Collection of measurable outcome data
- Publish relevant findings of substance abuse programs

The Governor and the Legislature created and defined the role of the Office of Drug Policy. Debbie Field was appointed as its Director. They also provided a support staff FTE and an operating budget to begin the task of creating a statewide approach to coordinate substance abuse treatment efforts. The Interagency Substance Abuse Committee, chaired by Director Field, has also been formed. This committee includes active participation from Corrections, Health & Welfare, Juvenile Corrections, the Courts, and other State and community stakeholders.

The Interagency Committee developed a substance abuse treatment vision for the state. The Interagency committee and its sub-groups have completed the following:

- Reviewed and selected a statewide assessment tool – GAIN. All agencies have agreed to integrate this tool into their systems. Training will begin June 07 with an anticipated January 08 implementation.
- The committee is currently reviewing data collection for the entire state. Currently, the committee is looking at WIT, a national open source system for substance abuse and mental health case management. All participating agencies and community providers have their IT teams reviewing how this system, or one with similar characteristics, will interface with their internal systems to ensure real time information sharing. In the interim, Chestnut Inc., the organization that developed the GAIN assessment tool, will provide web-based information management for the statewide assessment protocol. Once a system is on line, the committee will have a centralized data repository to develop reporting functions.
- The committee will also provide outcome and process reviews as needed.
- The committee is currently reviewing two RFPs for contract services. These would provide management and assessment services for statewide substance abuse efforts.



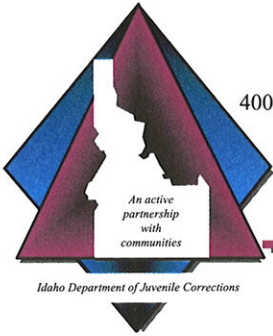
The committee has convened a budget committee to create a process to develop the centralized funding request. The budget committee will have representation from all agencies and community stakeholders serving on the Interagency Committee. The Budget Committee with guidance from the Director Field and The Interagency Substance Abuse Committee will function as the clearinghouse for all future budget enhancements to the State of Idaho's substance abuse treatment efforts.

Specifically within the Idaho Department of Correction staff continue to gather data through the current system and work to implement the new data gathering system, the Correctional Integrated System (CIS). CIS will enhance the ability to gather, measure and quantify the data that will be used to track efforts, determine outcomes and prepare reports. The web-based application will also allow outside service providers to input data so all services can be tracked in real time.

Please do not hesitate to request additional information or updates as this effort continues to develop and move forward.

Sincerely,

Shane L. Evans  
Deputy Chief  
Division of Education and Treatment  
208-658-2034  
sevens@idoc.idaho.gov



# Idaho Department of Juvenile Corrections

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C.L. "BUTCH" OTTER  
Governor

LARRY W. CALLICUTT  
Director

April 9, 2007

RECEIVED  
APR 09 2007  
PERFORMANCE EVALUATIONS

Rakesh Mohan, Director  
Office of Performance Evaluations  
Idaho Legislature  
700 W State Street, Lower Level, Suite 10  
Boise ID 83720-0055

Dear Mr. Mohan:

The Idaho Department of Juvenile Corrections (IDJC) appreciates the ongoing work of the Office of Performance Evaluations to evaluate Idaho's substance abuse treatment efforts. This response addresses your March 20, 2007 request for a written update on IDJC's status to your recommendations from the 2005 State Substance Abuse Treatment Efforts Evaluation Report; we understand that it will be presented to the Joint Legislative Oversight Committee in June.

You have requested a response from IDJC to Recommendation 5.1: To have necessary data for managing substance abuse programs, the Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, and the Judicial Branch should work individually and collectively with relevant entities, to ensure the collection and analysis of the following information about their programs. I have enclosed our response to your request.

In addition to your request for data, our Department has also been evaluating our own service delivery system for substance abuse. As you know, our mission is to address the criminogenic risk and needs of juvenile offenders. Our assessments indicate that 533, or 76 percent, of the juveniles committed to us have some issue with alcohol and/or drugs. This ranges from experimentation and use during the commitment of a crime to dependency that results in criminal activity. We have been part of a statewide team that is in the process of adopting the GAIN assessment tool to provide a consistent language throughout the continuum of care and within the various systems that serve substance abusing clients.

Our Department has also adopted the Change Company Curriculum for juveniles committed to one of IDJC's three institutions. Our current residential treatment contractor, the Idaho Youth Ranch, also uses the same curriculum. We have provided training on this model to our direct-care staff, contract providers, as well as drug court personnel. Again, we support consistency in a model throughout the continuum of care to strengthen the delivery of substance abuse treatment.

Please feel free to contact me if you have any further questions.

Sincerely,

Larry W. Callicutt  
Director

*An active partnership with communities*

***a. Individuals served in each type of program and waiting for services.***

**IDJC has two types of substance abuse programming:**

1. Treatment services- this is based on their identified level of substance abuse, and not all juveniles receive this level of treatment.
2. Education services-all juveniles receive basic education on alcohol, drugs and the addiction process, regardless of their identified level of substance use.

**Individuals served in each type of substance abuse program:**

100% of juveniles committed to IDJC custody receive substance abuse education services. (694 served in CY2006)

100% of juveniles at JCC-Lewiston receive education and treatment services (78 served in CY2006)

100% of juveniles at JCC-Nampa receive education and treatment services (92 served in CY2006)

Approx. 60% of juveniles at JCC-St. Anthony receive education and treatment services (this figure includes the new D&A group on campus) (273 served in CY2006)

Approx. 40% of juveniles at contract facilities receive education and treatment services (251 served in CY2006)

JCC-St. Anthony and contract providers serve juveniles who do not have a primary substance abuse diagnosis, while JCC-Lewiston and JCC-Nampa both serve juveniles diagnosed with a primary substance abuse problem.

**Individuals waiting for services:**

IDJC completes an assessment on each juvenile offender and then chooses an appropriate facility based on their assessment. When there are no available beds at the appropriate facility, a juvenile is kept at observation and assessment or transferred to a staging facility (usually no more than 2-6 days). 28 juveniles were staged awaiting placement at JCC-Lewiston or JCC-Nampa (IDJC facilities for juvenile offenders with primary substance abuse problems, in calendar year 2006). IDJC continues to improve IJOS data input that defines juveniles awaiting placement for appropriate services.

***b. Individuals not served, or not provided the appropriate treatment.***

**Individuals not served, or treated:**

Overall, IDJC serves 100% of the juveniles committed to its custody, and provides substance abuse education services to those juveniles. IDJC also provides treatment services to juveniles diagnosed as needing more assistance with their substance abuse issue(s).

***c. Completion, dropout, and relapse rates, overall and by provider.***

Juvenile offenders committed to IDJC average 2.7 placements during their time in custody, with only 30% having one placement and then returning home. Therefore, rates by provider are not very useful in determining the type of information requested. The provider in this case, will be defined as IDJC (unless otherwise noted):

**Completion Rate:**

Previous research indicates that program completion rates by facility (defined as juvenile movement to a facility security level that is equal to or less than the current facility) for the three Juvenile Correctional Centers (JCC's) and contract facilities range from 50% to 92.2%, with a weighted average of 82.4%, or 572 juveniles for calendar year 2006.

**Dropout Rate:**

Juvenile offenders are committed to IDJC until completion of a program; therefore, IDJC is not measuring dropout rates.

**Relapse Rate:**

IDJC recommends a common definition among all agencies for relapse rate. At present, 38.8%, or 52 of the juveniles released from IDJC custody in CY2006 with diagnosed substance abuse issues relapsed. (As reported thru the IDJC Juvenile Services Coordinators by the County Juvenile Probation Officers.)

*d. Average length of stay in each type of program, overall and by provider:*

**In CY2006, the average length of stay in each program was:**

JCC-L—7.9 months

JCC-N—8.9 months

JCC-SA—11.3 months

Contract facilities—6.8

Length of stay is defined as the time a juvenile serves in a specific facility. The length of custody (LOC) is defined as the length of time between date of commitment and date of release. For FY06, the LOC was 18.2 months, with juveniles averaging 2.7 placements.

THE STATE OF IDAHO  
SUPREME COURT



PATRICIA TOBIAS  
ADMINISTRATIVE DIRECTOR OF THE COURTS

April 12, 2007

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Hand-Delivered

Rakesh Mohan, Director  
Office of Performance Evaluation  
700 W. State Street, Suite 10  
Boise, Idaho 83720-0055

RECEIVED  
APR 12 2007  
PERFORMANCE EVALUATIONS

RE: Follow-Up to OPE Review of the December 2005 Report on  
State Substance Abuse Treatment Efforts

Dear Mr. Mohan:

In response to your request for a written update on the implementation status of the "highlighted" recommendations, we offer the following information:

**Recommendation 3.1**

*To coordinate and guide activities of state entities addressing substance abuse, the Legislature should consider:*

- a. *Establishing an independent commission, jointly appointed by the Legislature and the Governor, to include the directors of state agencies involved with efforts to address substance abuse – Health and Welfare, Correction, Juvenile Corrections, Law Enforcement, and Education – as well as representation from the Judiciary. The commission should also include members of the Legislature, professional community, relevant local government associations, and the public.*
- b. *Addressing those parts of existing statute requiring a commission on alcohol and drug abuse to be consistent with step A of this recommendation.*

**Response**

The recent legislative session was truly remarkable as it relates to substance abuse and mental health treatment efforts. The following summary of legislation passed demonstrates that the 06-07 session will be considered a watershed year in improving access to treatment, recognizing that community-based treatment is a cost-effective public policy alternative to increasing jail and prison populations, and insuring a coordinated strategy to address substance abuse.

- HB 106 Creates the Office of Drug Policy (ODP) in the Governor's Office, moves the Interagency Committee on Substance Abuse Prevention and Treatment to ODP, and provides that the committee shall develop and submit a coordinated budget request for substance abuse prevention and treatment. The legislation also makes much needed changes in the structure and duties of the Interagency Committee.
- HB 180 Expands Felony Drug Courts and provides increased funding for treatment, resources to the dedicated fund for court related costs, and probation supervision
- HO 292 Includes appropriation of \$111,000 for a pilot juvenile mental health court
- HB 310 Appropriation for Substance Abuse Services under direction of Interagency Committee for Substance Abuse Treatment and Prevention



- HB 315 Appropriations for additional funding for drug and mental health courts, development grant for community corrections and the Office of Drug Policy
- SB 1142 Modifies I.C. 20-520 to allow courts to order substance abuse assessment and community based treatment of an adjudicated juvenile, with initial cost to be borne by DHW
- SB 1143 Modifies and expands the State Mental Health Authority Development Grant Program to include substance abuse services, authorizes grant awards to include multidisciplinary proposals encompassing the Department of Correction, Department of Juvenile Corrections and the courts
- SB 1147 Funds pilot project for school-based Teen Early Intervention Mental Health / Substance Abuse Specialists and adds these intervention specialists to court screening teams
- SB 1149 Authorizes sentencing courts to order substance abuse and mental health assessments and community-based treatment as a condition of probation, with initial cost to be borne by DHW
- SCR 108 Requests Legislative Council to engage an independent contractor to develop an implementation plan to improve Idaho's mental health and substance abuse treatment delivery systems
- SCR 109 Recommends the development of a standard statewide assessment tools for mental health and substance abuse

I hope that Idaho Judges contributed in some small measure to the development and passage of much of this legislation, either through testimony and written recommendations to the Mental Health and Substance Abuse Interim Committee (HCR63), by direct recommendation to the legislature from Chief Justice Gerald Schroeder relating to a coordinated budget process for drug courts, or through the Court's budgetary proposals. Recommendations relating to coordinated budgets were incorporated into and made a part of HB106.

The Idaho courts support the important work of the Interagency Committee on Substance Abuse Prevention and Treatment. The Governor's appointment of Debbie Field as administrator was extremely well-received by the judiciary. She commands the highest respect of judges and administrators throughout the state, and has already provided exemplary leadership. In particular, we commend the committee's work, under the leadership of Chair Field, to adopt a statewide, uniform substance abuse assessment. We have worked to assist in the development of an implementation plan for the assessment. We will assure that Idaho judges are provided information about this assessment protocol and will provide their feedback on the assessment reports needed for appropriate sentencing. We are active contributors to the interagency committee working closely with Chair Field.

We also support cooperative statewide efforts to improve the quality of substance abuse treatment services. We are encouraged with new efforts to implement integration of mental health and substance abuse treatment services through both administrative integration as well as the planned work with Dr.

Kenneth Minkoff to develop a plan for treatment service integration throughout the substance abuse and mental health treatment system. We were pleased to play a role in funding the licenses for the Idaho system to utilize three “toolkits” for service integration developed by Dr. Minkoff and will actively participate in the further implementation of this system change with Dr. Minkoff’s assistance.

The Idaho Judiciary has continued to participate in collaborative planning with the children’s mental health and juvenile justice systems to plan for effective referrals for assessments and mental health treatment for young people coming before the court. We believe this work has established an effective template for the work that lies ahead to implement a similar system envisioned by recent legislation enabling judges to order substance abuse and mental health assessments for adults as well as necessary follow-up treatment.

Again, my congratulations to the Idaho Legislature and to Legislative Services for outstanding leadership in this area!

**Recommendation 5.1**

*To have necessary data for managing substance abuse programs, the Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, and the Judicial Branch should work individually, and collectively with relevant entities, to ensure the collection and analysis of the following information about their programs:*

- a. *Individuals served in each type of program and waiting for services.*
- b. *Individuals not served, or not provided the appropriate type of treatment.*
- c. *Completion, dropout, and relapse rates, overall and by provider.*
- d. *Average length of stay in each type of program, overall and by provider.*

**Response**

We continue to support efforts to strengthen data collection and analysis. To respond to recommendations for our own data collection efforts, we assigned a staff person to carefully screen submissions of data on monthly utilization from each drug court and to reconcile any discrepancies from month to month. This provides an accurate, ongoing accounting of utilization of drug courts across the state, as well as some key indicator data such as drug-free births and jail days for offenders. It also provides the accurate count of drug court terminations, by type, including graduations. We have also commissioned some revisions to our court data management system (ISTARS) to streamline data collection and reporting. We are collecting the recommended data on average length of stay in drug courts.

We are nearing completion of the statewide outcome evaluation of felony drug courts, which will give all of us a good look at drug court effectiveness across the state. We will continue to evaluate our drug court efforts through both outcome evaluation and process monitoring efforts.

As you know, The Department of Health and Welfare is charged with the responsibility of providing substance abuse treatment to all drug court participants. In this regard, the Department has the responsibility to provide the necessary treatment data for all drug court offenders.

**Recommendation 6.3**

*The Department of Health and Welfare, the Department of Correction, the Department of Juvenile Corrections, and Judicial Branch should continue or begin to take measurable steps to gather, verify, and publish relevant information on the effectiveness of substance abuse programs.*

**Response**

As noted earlier, the Idaho courts continue to make every effort to insure that all three branches of government have access to rigorous outcome measures of effectiveness. The Drug Court and Mental Health Court Coordinating Committee will be reviewing initial findings of the felony drug court evaluation at its April 2007 meeting. A copy of this report, when final, will of course be made available to all interested entities. We will also contribute to the fullest extent to all initiatives undertaken by the interagency committee. A copy of the most recent Drug Court and Mental Health Court annual report is attached for your reference.

We hope this update provides the information you are seeking. If you have further questions, please do not hesitate to contact us.

Sincerely yours,



Patricia Tobias  
Administrative Director of the Courts

PT/st

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**Attachments**

- Report to the Interim Committee (HCR 63)
- Drug Courts and Mental Health Courts 2006
- Response by Justice Daniel Eismann, Chair – Drug Court and Mental Health Court Coordinating Committee, dated November 29, 2005

cc: Debbie Field  
Amy Castro  
Sara Nye  
Justice Daniel Eismann  
Norma Jaeger  
Corrie Keller